

SECRET

EYES ONLY

3 October 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Report of Recent TDY -- 29 August - 30 September 1967

29 August

Commercial air to Los Angeles and met by [redacted] 25X1A
Flight Surgeon at Project, and [redacted] Aviation
Physiologist from Hqs.

Hqs had suggested we stay at BOQ at Edwards at which
place we remained for the entire TDY.

[redacted] introduced me to various members of the
organization and particularly to the Physical Equipment and
Survival Staff which is included in the Life Support group
of which [redacted] is Director.

Physical Plant

1. Medical offices are in permanent-type building
which houses various staffs of project at the north end of
Edwards AFB. (For cover purposes this separate, isolated
unit is known as "Weather Reconnaissance Group Provisional IV.)
Flight Surgeon has private office, examining room and
several smaller rooms used as records and drug rooms.
There is also locker room for pilots along with shower
and toilet and laundry machine for pilots underclothes.

Medical Staff in addition to [redacted] consists 25X1A
of one senior Master Sergeant from the Air Force. Previously
there had been [redacted] to work with [redacted] 25X1A
but he had left some time previously. A new [redacted] 25X1A
should be arriving in early October.

2. Personal Equipment Staff comprised of senior
Master Sergeant, several other N.C.O.'s and contract
employees from Clark of Massachusetts, who manufacture
partial pressure and full pressure high altitude suits
and Firewall Company of Buffalo, New York, manufacturer
of oxygen equipment and related items.

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3. Survival Staff is one senior Master Sergeant who is nominally under Hqs supervision of [] Survival man takes pilots [] for Escape and Evasion training, also to [] and nearby [] for water training.

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It should be noted that it is most beneficial for all these men to be united in one Life Support section so that all programs can be supervised by on-the-scene Flight Surgeon. There is another marked advantage of this one Life Support Director in that the Flight Surgeon can use his rank and influence to gain proper and necessary respect for P. E. and Survival people.

4. Personal Equipment Section is housed in two modern trailers located next to permanent building and connected by semi-permanent type of corridor which also connects to another trailer which houses contract civilians who check parachutes, helmets, etc. This second trailer also contains a one-man altitude chamber. Construction has been started on a new building which will be new location of medical offices, P. E. and Survival. It would appear that the Project is singularly fortunate in having the excellent and apparently dedicated group of P. E. and Survival men that they have.

Without a strong and dedicated medical officer various conditions have been encountered in the past that should not have been--air conditioners for the pre-breathing room (1½ hrs pure O₂ to prevent bends from Nitrogen) being assigned to front offices; pilots pre-mission trailers being usurped by bibulous poker players, etc.

It will be noted later that in a visit to another Project the survival section is not under the Flight Surgeon but rather under Operations. This arrangement depends too much on rapport being established between the involved technicians and leaves the way open to friction if these people do not get along as there is no common coordinator. This is particularly pertinent in regard to the survival equipment in the seat and parachute as well as the training program.

Because of the type of aircraft involved with its individual characteristics every take-off and landing finds the Physical Equipment Van and Ambulance present.

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The Project has also a Dodge Power Wagon for use of Survival training which is also available for cross-country emergency.

Partial pressure and full pressure altitude flying suits have a hose insertion through which is vented cold air, O₂, Helium O₂ and Nitrogen mixtures to keep the pilot cooled off. This is necessary during pre-breathing, enroute to aircraft and in aircraft. Mobile units with one PSI were used in pre-breathing and in van at this installation. This unit was found inadequate by [redacted] Lockheed test pilot in 25X1A using new full pressure suit for new type aircraft and larger portable unit previously ordered by [redacted] and 25X1A [redacted] was flown out from New York for second test hop and was found to be satisfactory obviating \$40,000 larger system as used [redacted] 25X1A

A new P. E. van costing \$69,000 is on order but this unit contains all the testing equipment necessary for suit, seat, helmet, etc., and can be deployed overseas as a testing lab plus P. E. van.

The base also has a new separate building housing a complete gymnasium, handball court, sauna bath, etc. The doctor has a vested interest in this and encourages the pilots to use regularly. The C.O. also has ruled that all members of the organization may use two hours per week to stay in condition.

It should be noted that the entire organization is required to go through altitude chamber periodically so they can deploy overseas by military aircraft as necessary. This problem has arisen with the Chief of Support and is being examined.

[redacted] 25X1A
They had finished their survival training [redacted] in 25X1
the desert and water training. New partial pressure suits had been ordered for them and [redacted] 25X1A
left shortly after my arrival to take them to Castle AFB at Merced to train them in use of new suits and to retrain them in use of O₂ equipment. On the last day of the training I was flown up to become oriented with the exercise. We returned to base via station wagon. Enroute home it became necessary to tell the boys of the loss of one of their

[redacted]

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SUBJECT: Report of Recent TDY

25X1A

[] introduced me to the new Aviation Medical Specialist at Lockheed who was visiting the base in order to become involved in the testing of their new aircraft, of which he and the Lockheed medical department had only recently become aware. There had been a question as to who was responsible for Life Support and Hqs ruled that Lockheed was responsible but was to have all Project assistance. This rather shook up Lockheed as they were not prepared to assume these responsibilities though stated they could do so if necessary. [] had somewhat contrived this situation in order to bring L.A.C. medical department in on the testing. However their doctor had to leave the country for the month of September and so missed most of the testing program. It is rather apparent that L.A.C. doesn't coordinate with its medical staff to any great degree.

25X1A

26 September

On this date we flew [] to visit the "O" Project. Visited their large and very nice medical establishment and met the physicians involved. Spent several hours in the P.E. building. They have P.E. trailers with dual altitude chamber which may be sent to Edwards. This would greatly benefit [] as they would not have to be taken off base and could receive additional training as required. It would be necessary to have either a visiting aviation physiologist of a full time one. The P.E. people at Edwards were most anxious that if this unit was later to go to Edwards that it be overhauled and repainted while [] under the supervision of the Firewall tech reps who operate it. Had an excellent briefing on the other type of aircraft by their engineering officer and was needless to say quite impressed.

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25X1A

At Edwards I had the opportunity of going through the altitude chamber for the first time in many years.

25X1A

25X1A

There were numerous complaints about the medical setup [] I was not aware that we no longer had a medical technician there. The day prior to my departure the C.O. [] was visiting and we discussed the medical situation. He indicates that he would very much like to have one of our technicians there. He does not know our doctor there and believes it would be most helpful if we could coordinate our Station doctor and make him available for consultation in occasional emergencies.

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SUBJECT: Report of Recent TDY

25X1A It is anticipated that there will be a ferry mission in mid-October to replace the lost aircraft. The C. O. of [] has indicated that he thinks it would be well for us to go along on the C-130 to become familiarized with the exercise and to remain for a few days to discuss medical support.

25X1A [] has been discussing the acquisition of an inflatable dispensary that could be palletized along with necessary medical supplies in order to have a ready fly away capability in the event of urgent deployment. We believe they should be supported in this.

We very much enjoyed our 30 day TDY and am most grateful for the fine cooperation of all concerned.

25X1A Two pilots and [] C.O. are scheduled to go through Lovelace Clinic starting 30 October. Clinic has been informed as to my identity and will permit me to follow examinees through clinic for my education.

It is anticipated that in November I will go to Clark Co. in Massachusetts and Firewall in Buffalo for orientation on equipment.

25X1A



25X1A OMS/[]:hmf
Distribution:
Orig & 1 - O-DD/MS

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ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Report of Recent TDY--29 August - 30 September 1967

FROM:

M.D.

EXTENSION

NO.

DATE

3 October 1967

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. D/MS

4 OCT 1967



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FORM 3-62

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USE PREVIOUS EDITIONS



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OFFICE OF SPECIAL ACTIVITIES
OSA NOTICE NO. 1-189

ORGANIZATION
18 October 1968

ORGANIZATION - OFFICE OF SPECIAL ACTIVITIES

Effective 14 October 1968 an Aero-Medical Staff is established in OSA which will function as an adjunct of the Office of the Director.

25X1A [] M.D. is appointed Chief, Aero-Medical
25X1A Staff, and [] is appointed Deputy Chief, 25X1A
Aero-Medical Staff.

[]
DONALD H. ROSS
Brigadier General, USAF
Director of Special Activities

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25X1A

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S E C R E T

OSA-2690-69

25 September 1969

MEMORANDUM FOR THE RECORD

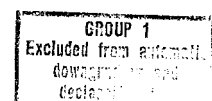
SUBJECT: Aero Medical Staff (AMS) Personnel Responsibilities

The AMS Aerospace Physiologist and Evasion and Survival Superintendent's responsibilities are defined in the following paragraphs and the rationale by which these individuals are physically located in the Headquarters.

1. Aerospace Physiologist Duties:

- a. Initiates and monitors research and development programs in the life sciences area as applicable to high performance manned aircraft.
- b. Performs necessary research and development of life support equipment, ejection seats, parachutes, pressure suits and oxygen equipment.
- c. Contracts for the development of personal equipment required to fulfill the mission, and monitors and closely coordinates industrial contractor efforts in research and development of life support equipment.
- d. Directs and monitors field level life support programs with respect to:
 - (1) Procedures employed for supporting aircrews and their personal protective and survival equipment.
 - (2) Equipment utilization, test, and maintenance.

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- (3) Providing specifications for the acquisition of new, improved, modified, or replacement items.
- (4) Training of aircrews in aviation physiology, personal equipment, and survival.
- e. Participates in the indoctrination and training programs of the field level life-support sections.
- f. Participates in accident investigations as required.
- g. Supplements field life-support personnel during deployments, if required.
- h. Monitors activities of the Air Force and other services in the field of personal equipment, ejection seats, survival equipment, and parachutes.
- i. Personally participates in environmental testing of experimental life-support equipment.
- j. Serves as contract technical monitor for all life-support contracts, coordinating closely with CMD/Compt/OSA, D/M/OSA and Depot.
- k. Writes technical and status report on all the above.
- 1. Participates in low-pressure chamber flights at Detachment G altitude chamber. This requirement seldom will exceed three (3) flights per month occurring periodically, all of which can be accomplished in a two-day period. It is important to note that a great deal of money will be saved by conducting pressure suit flights at the Detachment rather than at the ARO Corporation in Buffalo, New York.
- 2. Evasion and Survival Superintendent:
 - a. Plans and organizes survival activities: Develops and improves procedures for instruction of aircrews in survival techniques.
 - b. Directs survival activities: Monitors lectures, demonstrations, and briefings on survival, evasion, resistance, and escape techniques to determine quality of instruction and effectiveness of training aids.

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c. Inspects and evaluates survival and rescue programs to determine compliance with directives and policies. Examines rescue and survival equipment to determine adequacy and readiness for use in environments such as arctic, desert, mountain, tropical and water areas. Evaluates rescue-recovery techniques employed by rescue/recovery personnel. Maintains a current library on worldwide basis to have appropriate material where required.

d. Tests and evaluates parachutes and aerial recovery equipment techniques.

e. Conducts liaison with military and Agency personnel concerning survival, evasion, escape, and recovery.

f. Designs and develops survival equipment and techniques in conjunction with appropriate Agency organization.

g. Coordinates all plans for covert activity with counterintelligence staff.

h. Parachutes frequently and regularly to maintain proficiency. Conducts test jumps on Life-Support Equipment to determine its serviceability and acceptability for this program.

3. Prior to the loss of the "OXCART" Program and the series of personnel reductions in OSA, there were [] and Physiological Training Officers at the Detachments as well as at Headquarters. Their separation of duties was fairly clearcut. With the reductions, however, the Headquarters' group has, of necessity, taken over many of the functions previously carried out by the Detachments. Their most vital function remains, however, in conducting liaison with the Surgeon General's Office in Washington, D. C., SOD/DDP, Headquarters, and the contractors (i.e., David Clark Company and ARO Corporation) located on the East Coast. Frequent visits to these companies are required in order to keep abreast of overhaul responsibilities as well as to evaluate

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engineering studies and proposals having to do with this exotic Life Support Equipment. It would be more costly and less efficient to attempt this effort from the field. 25X1A

25X1 4. In order to enable [] to work more closely with the Agency's [] he was sent to their four-month course at []. He now works with them on an almost daily basis. Without this unique relationship, 25X1A the training program would inevitably suffer.

5. To place a Physiological Training Office at Detachment G would appear to be a waste of resources inasmuch as the requirement only exists sporadically for training in the physiological aspects of high-altitude flight. The majority of Life-Support functions in the field can be accomplished by the Senior Master Sergeant presently assigned. If a field officer with such a background were deemed necessary, it would seem reasonable to train one of the assigned pilots in operations and allow him to function in a dual capacity. Such an approach has been followed for years in ADC where the full-time requirement for a Physiological Training Officer does not exist either.

[] M. D.
Chief, Aero Medical Staff
Office of Special Activities

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25X1A

AMS/OSA/[redacted]em
Distribution

(24 Sep 69)

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- 1 - Compt/PD/OSA
- 1 - RB/OSA

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